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ABSTRACT

The four sections in this document on the Devereux Model were written by different authors who work at the Devereux Center in Georgia and were presented as part of a symposium on the model. "The Devereux Model: Intensive Intervention with Children for Competency and Life Enhancement" (Wade H. Silverman) describes the Devereux Center as a decentralized, multidisciplinary, intensive residential treatment center serving approximately 88 moderately to severely disturbed adolescents at one time. The Devereux Model is presented as an intensive intervention model for children and adolescents which is based on competency-building, normaliztion, and social skills development. "Normalization and Habitation in the Treatment of Adolescents" (J. Mario Uribe) discusses the contribution of the mental health therapist, in general, and of the psychiatrist, in particular, as members of the intervention team. "Competency-Based Education for Emotionally Impaired Adolescents" (Audrey Christie) discusses the contributions of the Devereux educational program to the treatment plan and describes Devereux's success-based orientation and the integration of social and academic learning. "The Intervention of Skill Development and Environmental Design in Vocational and Career Development" (David Poole) describes how client evaluation is used to design a work milieu to foster positive work attitudes, social skills, and vocational skills for successful employment. (NB)

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THE DEVEREUX MODEL: INTENSIVE INTERVENTION WITH CHILDREN FOR COMPETENCY AND LIFE ENHANCEMENT

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THE DEVEREUX MODEL: INTENSIVE INTERVENTION WITH CHILDREN FOR COMPETENCY AND LIFE ENHANCEMENT

The purpose of this symposium is to share with you an intensive intervention model for children and adolescents based on competency-building, normalization, and social skills development. Our approach is ecological by virtue of emphasizing the environment of work, school, and community. It is also interdisciplinary in its use of mental health professionals, educators, and vocational counselors.

The Devereux Center in Georgia was established in the summer of 1973 at the request of community agencies and professionals to provide a residential treatment facility for mild to moderately disturbed adolescents. It is a decentralized, multi-disciplinary, intensive residential treatment center serving an average census of 88 moderately to severely disturbed adolescents. Their median age is 16.5, with a range of 12 to 18 years.

The Devereux Center is ultimately directed toward helping its client population become good citizens as opposed to good patients. The facility operates on a continuum of treatment from a restrictive, secure hospital unit to a community-based surrogate home program. The staff

tries to minimize the possibility of institutionalization and maximize the child's involvement in the community.

Devereux's philosophy is to allow its clients to take charge of their own lives by relying on internal rather than external controls. Although disabilities bring the youngsters to our program, they also have significant abilities. A variety of professionals identifies these strengths in formulating an intervention plan for each child.

The success of our program is dependent on the multi-disciplinary contract, a treatment plan between the client, his parent or surrogate and the provider agency. Members of each discipline are part of the treatment team and are cognizant of the goals for the client set down in the contract.

Our Clinical Director, Dr. Mario Uribe will discuss the contribution of the mental health therapist, in general, and the psychiatrist, in particular, as a member of the team. He will describe the importance of the concepts of normalization and habilitation in the Devereux treatment philosophy.

In addition to an emotional disturbance, a client usually brings to us a history of educational and social failure. As an example, the average reading level of our youngster is at least two years below the age appropriate level. Our Education Director, Audrey Christie, will

discuss the contributions of our educational program to the treatment plan. She will describe Devereux's success-based orientation and the integration of social and academic learning.

The description of our program would not be complete without emphasizing our Vocational and Career Development Program. Our clients enter Devereux with minimal marketable skills. Our vocational assessment assists the adolescent in finding that niche in the work world which will reinforce the clients strengths, fulfill his/her personal needs, and promote success. Dr. David Poole, our Vocational Program Director, will describe how this evaluation is used to design a work milieu to foster positive work attitudes, social skills and vocational skills for successful employment.

We at Devereux work toward an intervention plan that enhances personal growth, academic achievement, and positive vocational attitudes and skills development. Our objective is to normalize the child's behavior. We try to help our clients enter the community with the skills and self belief to ensure success. For each child the objectives will differ, but as a general aim, all programs are directed toward independent living and personal success.

NORMALIZATION AND HABILITATION IN THE TREATMENT OF ADOLESCENTS

The multiplicity of factors involved in generating functional behavior in adolescents presents a challenge which supercedes the use of individual psychotherapy as the primary mode of intervention. Genetic, environmental, sociological, and familial variables as well as intrapsychic variables affect greatly the developmental process of adolescence. A normalization or habilitation approach fits the population we serve since it allows each individual to obtain specific and individualized goals. However, all plans are designed to return of the client to the community as a functional member of society. Normalization or habilitation focuses on growth rather than psychiatric illness. Our clients learn to minimize social stress and negative family interaction.

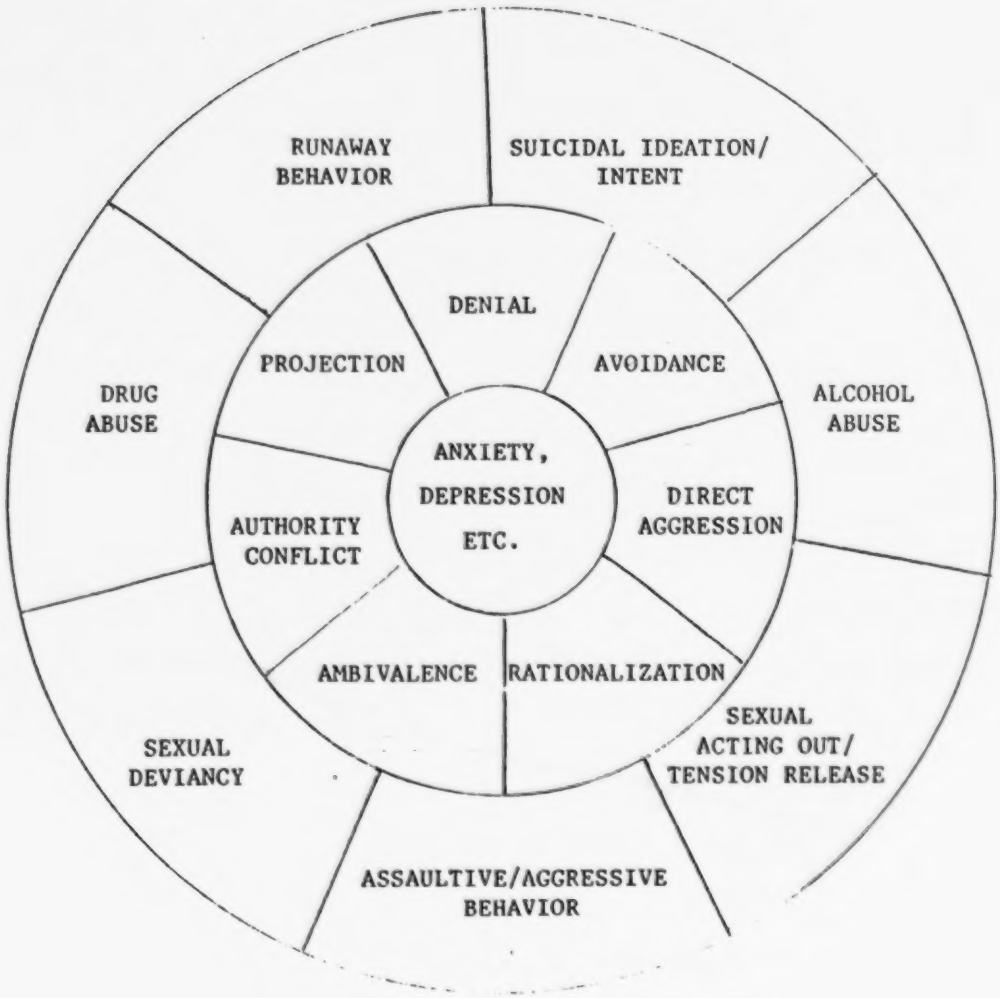
Adolescence is an age of emotional storms in which the volatility and unpredictability of behavior patterns is a normal manifestation. The need to establish an identity, unique and separate, lies at the core of adolescent development. When negative factors intervene in this process, the adolescent manifests dysfunctional and, at times, dangerous behaviors. In a broad sense, we are all "victims of handicaps" and struggle to adapt to them. The emotionally healthy individual learns to adjust and to

discriminate between temporary abnormal behavior and true abberant patterns. This requires a maturing judgement and self-control. That is why the Devereux model emphasizes the team approach. Each member serves as a role model for positive behaviors in the important settings in the client's life: work, school, and the home.

I am often asked what the psychiatrist contributes to a team of professionals using a normalization approach. The psychiatrist contributes knowledge of the interaction of organic and psychological factors and an understanding of the meaning of symptoms in the context of adaptation. At times the chronicity and severity of symptoms require the use of psychotropic medication. These symptoms need to be understood as a barrier to maturation and individuation. Remediation also requires that the symptoms are translated into concepts and behavioral prescriptions that are useful to the client (See Figure 1).

Figure 1

SCHEMATIC FOR THERAPEUTIC INTERVENTION



COMPETENCY-BASED EDUCATION FOR EMOTIONALLY IMPAIRED ADOLESCENTS

The Devereux Special Education Program is a therapeutic interaction between student and the educator with a "success-based philosophy". All students are evaluated in terms of strengths and deficits. Each student's educational plan is based upon reachable goals in order to ensure success. We meet our students at their own level and at their own rate. Most have had repeated experiences with failure. In our program, they learn to enjoy and value success, first through external motivators such as earned privileges and then internally through the pleasure of practicing self control and self mastery.

Our learning environment is one in which both social and academic learning occur. Not only do tne youngsters need to learn to read and to write, but many need to learn the social skills that our society expects of its citizens. Some of these may be as rudimentary as learning how to greet somebody or to follow simple directions such as "No smoking" or "Do not touch". For others, it requires more complex skills such as peer group interactions and being prompt and thorough in completing homework assignments. We are not neglecting the central importance of academic learning. We view early adolescence as a critical learning period and do not allow our students to avoid the educational process

through their symptoms.

The educator plays a key role in shaping the behavior of the student. We are biased in the use of positive reinforcement. The student is continually praised and socially rewarded for appropriate behaviors. The educational objectives for each student are based on their particular needs and interests as a member of the Devereux Center.

The measurement of success and achievement is through the Level Rating Scale. Students earn points for appropriate behaviors resulting in increased privileges. A list of the major variables on which each student is evaluated include staying on task, social interaction with peers, social interaction with adults, and responsibility for following directions. Also incorporated into the evaluation are the behavioral problems specific to the individual student that cut across school, work and living environments at Devereux.

The long term goal of the Education Department is to mainstream into society every student as a productive citizen. In his classic text, Basic Principles of Curriculum and Instruction, (Tyler 1949) supported this view by describing schools as functional when they focus on issues of significance and on the development of a disciplined and prepared mind. At Devereux, we focus on the

normalization of adolescents as competent, capable, and worthwhile members of their family and community.

THE INTERVENTION OF SKILL DEVELOPMENT AND ENVIRONMENTAL DESIGN IN VOCATIONAL & CAREER DEVELOPMENT

Historically the emotionally impaired individual has encountered under-employment, lack of job satisfaction, and vocational under-achievement. While some of the difficulty may be attributable to negative employer attitudes and practices, most are due to the consequences of behavioral deficits of the impaired individual. Those deficits in the areas of "work milieu skills" are particularly significant. By definition, the impaired individual lacks the ability to develop and maintain appropriate interpersonal relationships, behaviors, and/or emotional integration (Levinson, 1984). The resultant deficits in such areas as independence, assertiveness, impulse control, social interaction, enthusiasm, and productivity pose significant handicaps in terms of vocational adjustment (McCue, 1983).

The Devereux Vocational and Career Development Program provides a comprehensive vocational habilitation/rehabilitation experience to these clients. It affords them an opportunity to acquire those work related behaviors, work milieu skills, and other independent living skills necessary for success within a non-institutional work

environment. This program consists of five integrated phases: 1. Psychovocational testing, evaluation, and assessment, 2. Plan development, 3. Classroom independent living skills training, 4. Work adjustment training, 5. Vocational and career counseling.

Psychovocational assessment includes psychometric and work sample testing as well as clinical assessment designed to identify and assess physical capacities, aptitudes, temperaments, interests, and vocational needs structures and environments (Holland, 1973). Such assessment provides information on specific vocational objectives.

Work adjustment training incorporates a structured level system built upon a process of behavior shaping and successive approximation designed to move the patient from entry level to off-campus, real work activity.

Individual and group vocational and career counseling is provided on a weekly basis. Counseling approaches are reality-based and promote examination of behaviors related to vocational responsibilities (Glasser, 1965). Work behaviors reflected by the client's weekly performance reports and the criteria for level advancement are areas of particular attention in the counseling setting.

Ultimate success within the vocational and career development program is measured in terms of the client's ability to gain and maintain competitive employment and to live as a self-supporting individual. While degrees of independence will certainly be dictated by degrees of impairment, it is the goal of our program to maximize each client's vocational stability, job satisfaction, and vocational achievement.

Holland, J.L., Making Vocational Choices: A Theory of Careers, (Englewood Cliffs, N.J.: Prentice Hall, 1973)

Hooper, P.G., "Guidance and Counseling: Political Impact of Youth Unemployment", Journal of Career Education,(1980)

Levinson, E.M., "A Vocationally Oriented Secondary School Program for the Emotionally Disturbed", The Vocational Guidance Quarterly, September (1984)

McCue, M., "The Severely Disabled Psychiatric Patient and the Adjustment to Work", Journal of Rehabilitation ,(1983)

TABLE 1

DISPOSITION ON DISCHARGE OF PARTICIPATING AND NON-PARTICIPANTS IN REHABILITATION SERVICES*

	Participants (N=53)	Non-Participants (N=34)
Successful	68%	47%
Not Successful	32%	53%

*This comparison was significantly different at the .05 level, $X^2=3.75$, df=1.